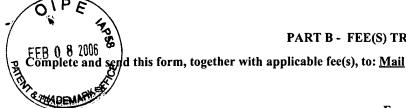
PART B - FEE(S) TRANSMITTAL



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021005 7590 01/04/2006					its own certificat	e of mailing or transmission.		
HAMILTON, BROOK, SMITH & REYNOLDS, P.C. 530 VIRGINIA ROAD P.O. BOX 9133 CONCORD, MA 01742-9133					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
·					Christine A. Budd (Depositor's name)			
/09/2006 DENMANU2 00000040 10057316					Cabillel . (Signature)			
FC:2501 700.00 0P FC:8001 45.00 0P			Fe		bruary 6, 2006	(Date)		
APPLICATION NO.	FILING DATE	8.	FIRST NAMED INVENT			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/057,316	10/057,316 01/25/2002 Samson Mil'shte					2328.2005-001	1899	
APPLN. TYPE	SMALL ENTITY	ISSUE F	ee T	DIDI IC	ATION FEE	TOTAL FEE(S) DUE	DATE DUE	
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nonprovisional	nonprovisional YES		\$700		\$0	\$700	04/04/2006	
EXAMINER		ART UNIT		CLASS-S	UBCLASS]		
UPRETI, A	SHUTOSH	2623		382-	126000			
1. Change of correspondence address or indication of "Fee Address" (CFR 1.363).			2. For printing on the patent front page, list Hamilton, Brook, Smit (1) the names of up to 3 registered patent attorneys 1 & Reynolds, P.C.					
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively,				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	(print or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app Γa substitute	ear on the pate for filing an as	ent. If an assign signment.	nee is identified below, the	document has been filed for	
(A) NAME OF ASSIGN	EE	(B) RESIDENC	CE: (CITY and	STATE OR CO	UNTRY)		
University	of Massachuset	ts Lowell		Low	ell, Mass	achusetts		
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	oatent): 🔲 I	ndividual 🔽 C	orporation or other private gi	oup entity Government	
4a. The following fee(s) are	enclosed:	46	. Payment of	Fee(s):				
					amount of the fee(s) is enclosed.			
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Advance Order - # of	f Copies 15		XXThe Dire Deposit Acc	ector is hereby ount Number _	authorized by e 08-0380	harge the required fee(s), or (enclose an extra	credit any overpayment, to copy of this form).	
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The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Joseph M. Maraia Typed or printed name

Registration No. 55,926

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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